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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/290,086 05/09/2001
and claims benefit of 60/290,087 05/09/2001
and claims benefit of 60/290,143 05/09/2001 *O.K. A.c.*
and claims benefit of 60/313,054 08/16/2001

** FOREIGN APPLICATIONS *****

N/A A.c.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/14/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>A.c.</i>	CA	22	42	7

ADDRESS

42304
CLAIRVOYANTE, INC.
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SEBASTOPOL, CA
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TITLE

Conversion of a sub-pixel format data to another sub-pixel data format

FILING FEE RECEIVED 801	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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